<u>88</u>
S.D
<u> </u>

## **UTILITY PATENT APPLICATION TRANSMITTAL**

□ DUPLICATE c								
Address to:				Attorney Docket	No. IN	OU3001/JEK		
Commissioner of Patents P.O. Box 1450			First Named Inv.	entor Ko	uichiro INOUE			
Alexandria, VA 22313-1450			Total Pages	39				
Transmitted herewith is a patent appl					tion under 37 CFR 1.53(b).			
SPLITTING AT LOW TEMPE				SY TO SEPARATE BY FRACTURE RATURE AND FITTING MEMBER PARATION BY FRACTURE SPLITTING AT				
⊠ 1.	Submitted herewith are the following:							
2.	32 pages of specification.  X Abstract. 2 sheet(s) of drawings. 10 claim(s). X Oath/Declaration signed by each inventor. X Application Data Sheet. 0 Preliminary Amendment. 0 Information Disclosure Statement(s). 0 pages of Form PTO-1449, and one copy of each document listed thereon. 0 Assignment of the invention, Cover Sheet, and payment of the \$ recordal fee. 0 certified copy of application no filed in Priority is claimed. X check in the amount of \$_770.00 including any assignment recordal fee.  SMALL ENTITY STATUS IS ASSERTED pursuant to 37 CFR 1.27 for this application.							
⊠ 3.	The Commissioner is authorized to credit any overpayment and charge any deficiency in any fees required under 37 CFR 1.16 and/or 1.17, to Deposit Account No. 02-0200.							
□ 4.	Insert before the first sentence of the specification: This application claims the benefit of provisional application number filed							
□ 5.	Insert before the first sentence of the specification: This application is a Continuation-in-part of nonprovisional application number filed							
□ 6.	Other:							
The registered practitioners representing applicant(s) are J. Ernest Kenney, Reg. No. 19,179; Eugene Mar, Reg. No. 25,893; Richard E. Fichter, Reg. No. 26,382; Thomas J. Moore, Reg. No. 28,974; Joseph DeBenedictis, Reg. No. 28,502; and Benjamin E. Urcia, Reg. No. 33,805.								
THE FILING FEE IS CALCULATED AS FO			LLOWS:		Basic Fee:	\$770.00		
•	Total Claims:	10	- 20 =	,	0	X \$18 =		
<del>:</del>	dent Claims:	2	- 3 =		0	X \$86 =		
Correspondence Address: 23364					Multiple Dependent Claim (add \$290.00):		\$290.00	
Customer Number				ì	Subtotal: 50% Reduction if Small Entity Status:		\$770.00	
Phone: 703-683-0500 Fax: 70				3-683-1080	Total:		\$1,060.00	
Date:		Name:			s	Signature;	Reg. No.	
November 20, 2003		J. ERNEST KENNEY		mest freel 1		19,179		

S:\Producer\jek\INOU3001\ut app trans.wpd